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SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

CALIFORNIA.

Diphtheria—Prevention and Control of. (Reg. Bd. of H., Aug. 1, 1914.)

RULE 1. Notification.—Any person in attendance on a case of diphtheria, or a case suspected of being diphtheria, shall report the case immediately to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the secretary of the State board of health all cases so reported to him.

NOTE.—In the absence of local rules permitting notification by telephone, the report to the local health authority shall be in writing.

RULE 2. Diagnosis.—The local health authority shall require the submission of swabs or cultures from the nose and throat of every case of diphtheria, or case suspected of being diphtheria, for the purpose of examination at a State or municipal laboratory. It shall be the duty of every physician attending a case of diphtheria, or a case suspected of being diphtheria, to take swabs or cultures when required to do so by the local health authority.

RULE 3. Precautions to be observed by the physician.—The physician, having charge of a case of diphtheria, or a cases suspected of being diphtheria, shall take such precautions as may be necessary to avoid the contamination of his hands and clothing.

RULE 4. Instructions to household.—It shall be the duty of the physician in attendance on a person having diphtheria, or suspected of having diphtheria, to instruct the members of the household in precautionary measures for preventing the spread of diphtheria.

NOTE.—The following instructions are required by rule 4:

(1) If the patient is not removed at once to a hospital, he shall have a separate bed in a room screened against flies.

(2) All persons, except those having the necessary care of the patient, shall be excluded from the sick room.

(3) Animals shall be excluded from the sick room.

(4) The persons caring for the patient shall avoid coming in contact with any other persons within the household or elsewhere.

(5) The person having the care of the patient shall wear a washable outer garment and shall thoroughly wash the hands with soap and water after handling the patient or any object which he may have contaminated. On leaving the room in which the patient is isolated, the attendant shall take off the washable outer garment and leave it in the room until disinfected.

(6) All discharges from the nose and mouth shall be burned or disinfected. It is recommended that these discharges be received on pieces of gauze or other soft cloth and be dropped in a paper bag which is conveniently placed. The bag and its contents can easily be burned.

(7) Objects which may have been contaminated by the patient shall be disinfected before being removed to any place where they may become possible sources of infection.

a. Clothing and bedding, including the washable outer garment of the attendant, shall be boiled in water or soaked for one hour in 5 per cent phenol solution or 10 per cent formalin solution before being sent to the laundry.

b. Dishes and other utensils should be boiled in water or soaked for one hour in 5 per cent solution of phenol or 10 per cent solution of formalin.

c. Remnants of food should be burned, or, if liquid, disinfected by boiling, or adding an equal volume of 5 per cent solution of phenol or a 10 per cent solution of formalin and allowing to stand for one hour.

RULE 5. Investigation of case.—Upon being notified of a case of diphtheria, or a case suspected of being diphtheria, the local health authority shall make an investigation which shall include an inquiry regarding the probable source of the infection. If this source of infection is outside his jurisdiction, he shall notify the State board of health, in order that it may inform the health authority (local or State) within whose jurisdiction the infection was probably contracted. The local health authority should determine that the instructions specified in rule 4 are understood and observed, and in the event of their nonobservance shall take proper legal steps for their enforcement.

RULE 6. Isolation.—If the local health authority, upon making the investigation prescribed in rule 5, is satisfied that the case is one of diphtheria or is strongly suggestive of diphtheria, he shall define the limits of the area in which the patient and his immediate attendants are to be officially isolated. A warning notice shall be affixed to all entrances to this area.

NOTE 1.—The warning notice specified in rule 6 shall be as follows:

Diphtheria.—All persons are warned not to enter this room unless directly concerned in the care of the patient.

NOTE 2.—Persons in attendance on the patient must remain in the prescribed area of isolation; *Provided, however,* That persons taking the precautions specified in rule 4 (note) may leave the prescribed area.

RULE 7. Quarantine.—If the local health authority, upon making the investigation prescribed in rule 5, is satisfied that the case is one of diphtheria or is strongly suggestive of diphtheria, he shall establish a quarantine by affixing a placard in a conspicuous place at the principal entrance to the premises. Until removal of the placard is authorized by the local health authority no persons shall enter or leave the premises or remove any article therefrom without the permission of the local health authority.

NOTE 1.—The placard specified in rule 7 shall be in the following form, in which the name of the disease shall be in letters not less than 2½ inches in height:

Diphtheria.—These premises are declared to be in a state of quarantine. All persons are forbidden to enter or leave these premises or to remove any articles therefrom without the permission of the local health authority.

Date.....

.....
Local Health Authority.

NOTE 2.—Until such time as a positive diagnosis is made in cases strongly suggestive of diphtheria, the word "Suspected" may precede the word "Diphtheria" on the placard specified in rule 7.

NOTE 3.—Under certain circumstances it will be impractical for the local health authority to define an area of isolation within the quarantined premises. Under such circumstances the areas of quarantine and isolation will be coincident, and all rules regarding quarantine and isolation will hold throughout the quarantined premises, except that the warning notice for the area of isolation will not be posted in addition to the quarantine placard.

NOTE 4.—The quarantined premises will ordinarily be a dwelling house with its surrounding yard. Under certain circumstances it is not necessary to quarantine an entire building, as the part in which diphtheria is present may have a separate front and rear entrance and may be so constructed that persons can not enter directly from another part of the building. If the local health authority upon investigation finds that the conditions are such that the health of the community would be sufficiently safeguarded, he may limit the quarantine to that part of a building which is the separate abode of an entire household, as, for example, a flat or a suite of rooms in a hotel. When removal to a hospital is impossible and isolation can be rigidly enforced, quarantine may be limited to a single room in a hotel or lodging house. When a portion of a dwelling is quarantined, the placard must be conspicuously placed at the principal entrance of the part quarantined.

RULE 8. Contacts.—When isolation and quarantine for diphtheria have been established in accordance with rules 6 and 7, any person living within the quarantined premises, but staying at all times outside the area of isolation, may be given permission by the local health authority to go to and from the premises if the following conditions have been met: Cultures taken from his nose and throat and submitted to a State or municipal laboratory must have been reported as negative for diphtheria.

All other members of his household must, if possible, have had cultures taken from their noses and throats and those persons whose cultures were found positive must be isolated so that there is no contact with him. He must also agree to avoid any occupation or practice which would make him especially dangerous in the event of his becoming a carrier. The local health authority may revoke this permission if the above provisions are not complied with.

In his investigation of a case of diphtheria, the local health authority shall make inquiry regarding those who have come in contact with the patient, and, if any of them contemplate leaving the jurisdiction of the local health authority within two weeks after the last exposure, the local health authority shall notify the State board of health of their names and destinations.

NOTE 1.—Rule 8 permits the wage earner to continue his occupation unless he has already become a carrier or unless his occupation is such that he would probably infect others if he became a carrier. Such occupations are the production or handling of milk and any work which involves contact with large numbers of persons, especially young children.

NOTE 2.—Children will ordinarily not be released under the provisions of rule 8, especially when the quarantined premises contain a yard in which they can get exercise and fresh air. When the local health authority finds that crowding is favoring the transference of infection to the uninfected children of the household, he may permit them to leave the premises under the conditions specified in rule 8. They should not be permitted to attend school or come in contact with other children during the period of quarantine.

NOTE 3.—If contacts who have been released under the provisions of rule 8 will leave the quarantined premises and will not reenter them until the quarantine has been terminated, the local health authority may permit such contacts to attend school or engage in other occupations from which they would otherwise be excluded.

NOTE 4.—The purpose of the establishment of an area of enforced isolation within the quarantined premises is not only to prevent acute cases among the contacts, but especially to diminish the formation of carriers. Under the previous system of enforced quarantine with optional isolation, the formation of carriers frequently occurred. Carriers are much more dangerous to the community, in the aggregate, than the acute cases.

NOTE 5.—Although diphtheria antitoxin is efficient in preventing contacts from contracting diphtheria, it will not prevent their becoming carriers. Therefore no relaxation of the precautions against contact with infectious persons can be permitted to those who have been immunized. Persons immune owing to previous attacks of the disease also may become carriers and must observe the precautions.

NOTE 6.—For the procedure when contacts are found to be carriers, see rule 11.

RULE 9. Release from quarantine.—As soon as a diphtheria patient is free from all symptoms, the attending physician shall notify the local health authority of that fact. The local health authority or his representative shall thereupon make an investigation and, if he finds that the case has made a complete clinical recovery, as reported, he shall take cultures from the nose and throat of the convalescent at intervals of not more than a week and not less than 48 hours and shall submit them to a State or municipal laboratory. Where it is impractical for a local health authority, or his deputy, to take the cultures he may permit the attending physician to represent him for that purpose. As soon as two successive negative cultures from both nose and throat have been obtained, the local health authority shall terminate the quarantine and the isolation. If two successive negative cultures can not be obtained from the convalescent within one month after recovery, he is to be regarded as a carrier and the quarantine is to be terminated, leaving the isolation in force until removed according to rule 10. If the area of isolation and the quarantined premises coincide, the warning card for isolation is to be substituted for the placard for quarantine.

RULE 10. Release from isolation.—At the end of four weeks after complete recovery from diphtheria, as determined by the local health authority in accordance with the provisions of rule 9, if positive cultures are still being obtained, the local health authority shall at once report to the State board of health the circumstances of the case and shall recommend either a continuation of isolation or release from isolation under certain specified restrictions. Isolation is not to be continued for more than six weeks after complete recovery except when specified by the State board of health. When isolation is terminated the objects in the area of isolation must be disinfected.

RULE 11. *Diphtheria carriers.*—Any person who has been free from symptoms of diphtheria for a month or longer and who harbors diphtheria bacilli is a carrier. Any known or suspected diphtheria carrier shall be reported to the local health authority, who shall investigate and report to the State board of health. Pending the receipt of instructions from the State board of health, the local health authority shall isolate or quarantine the carrier if in his judgment the danger to the community necessitates such action. In the event of any known or suspected carrier leaving the jurisdiction of a local health authority, the State board of health shall be notified by the local health authority of the name of the carrier and his destination.

RULE 12. *Epidemiological investigation.*—Whenever a local health authority receives reports of the existence of diphtheria within his jurisdiction, or is notified by the State board of health that cases of diphtheria reported from other communities have probably received the infection within his jurisdiction, he shall conduct an investigation to ascertain the sources of infection, and shall report the results to the State board of health. He shall immediately take such action for the protection of the community as may be indicated by the conditions discovered or suspected in the course of his investigation.

NOTE 1.—*Diphtheria in schools and institutions.*—If diphtheria appears in a school or public institution, and there is reason to suspect that the disease was contracted within the institution, cultures from the noses and throats of all the officers, teachers, pupils, and inmates of the institution, or main division of the institution, shall be taken, in order that the epidemic may be promptly checked by isolation or exclusion of the carriers.

When diphtheria is present in a community, teachers must send home any children who come to school showing symptoms suggestive of infectious disease, and must report at once to the local health authority, so that he can make an investigation and determine whether it is safe for the child to return to school. During an outbreak of diphtheria, teachers shall also report to the local health authority the return to school of any pupil after an unknown illness, so that it may be determined whether he is a diphtheria carrier.

It is illogical to fumigate school rooms, auditoriums, and dining halls after diphtheria. In such rooms all objects with which persons come in contact should be disinfected by mechanical cleansing with soap and water.

NOTE 2.—*Milk supply.*—If it is known or suspected that the infection is derived from a milk supply, the local health authority shall forbid the delivery or use of the milk until such time as it is determined that the supply is safe.

NOTE 3.—*Library and school books.*—Libraries and schools shall not issue books to be taken to homes where diphtheria exists. If books have been used by a diphtheria patient or carrier, they should be destroyed or kept out of circulation and use for one year. If library or school books have been in the household in which there is a diphtheria patient or carrier, and have not been within the area of isolation, and have not been used or handled by the patient or carrier, they may be returned to the library or school. The ordinary methods of disinfection of books are inefficient.